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Interests and Practices of Social Work in Palliative Care in Brazil

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Abstract: According to a projection of the "Atlas of Palliative Care in Latin America", an estimated 56.8 million, including 26.8 million in their last year of life, will need palliative care. These data show that all countries must join efforts to provide adequate professional preparation to the palliative care teams. Thus, understanding the competencies and the new propositions in Social Work in Palliative care in Brazil become pertinent. It was used the thematic content analysis developed by Laurence Bardin to categorize the pertinent themes. In addition, it was made a empirical study in the media digital, in the period between July and September 2020. The survey used the form instrument through the Microsoft Forms platform, made available on the main internet spaces, such as LinkedIn and related ones and, involved 332 participants. In the present study, it is understood that the core of the concept of competencies refers to its capacity to aggregate knowledge, skills and attitudes that lead social workers to succeed in their interventions. Besides, it is essential to guarantee the development of critical and resolute practice, connected to the dynamics of reality and, above all, humanized. It is concluded that social work is indispensable as an integrant of the palliative care team.
Keywords: Palliative Care, Social Work, Essential Skills.

BACKGROUND

According to a projection registered on a global level, knows as "*Atlas of Palliative Care 2014*", the importance of Palliative Care for citizens at the end of life was already evident. Besides, an increase for this assistance was estimated. This way, there was projected higher rates for adults in need of palliative care at the end of life in the European and Western Pacific regions and lower rates in Latin American countries. This information's was of course were systematically publicized through the international official Palliative Care councils to sensitize populations about this theme. The 2020 Global Palliative Care Campaign with the slogan: "My care, my comfort" was an excellent example. [1]

Its shows this scenario, that the previous trend was confirmed with an increase in the number of people with the necessity of Palliative Care. At the end of life were 26. 8 million persons in these conditions. These data to Brazilian reality introduce a gap to be filled with a new finitude`s idea- the sense of death must be understood as a natural process. Besides, an improvement in the technical formation for the professionals of palliative care teams is convenient. [2]

In addition, it is known that in the Brazilian context, according to the Ministry of Health [3], the Palliative Care is interprofessional care that aims to improve the quality of life of patients and their families, in the face of a life-threatening disease, through the prevention and relief of suffering, early identification, assessment and treatment of pain and other physical, social, psychological and spiritual symptoms.

The objectives of Palliative Care are the anticipation, prevention and reduction of suffering and the contribution to an adequate quality of life for patients. Regardless of the stage of the disease or the need for other therapies, they should be started at the time of diagnosis and can be administered concomitantly with therapies aimed at the disease that prolong life, facilitating the patient's autonomy, access to information and choice.

The provision of care is centred on the concept of total pain, on the support system for the patient, the family or the community, as well as on the maintenance of the link between the institution and the network. It is also considered that health information must be shared so that decisions can be taken correctly, aiming at the dignity and well-being of all those assisted. [4].

So, in Brazilian culture, it is important to understand the scope of the competencies and abilities of social work and, to keep up with its new propositions in the field of Palliative Care. Furthermore, it should be understood that the cerne of the definition of competence is the ability to add knowledge, skills an attitudes that lead social workers to succeed in their interventions. [5] [6]

Therefore, between soft skills and hard skills lies the essential skills, that is, it is necessary to identify what becomes essential for the development of critical, resolute practice, associated with the dynamics of the real and, above all, humanized treatment. Therefore, it was necessary to build a portrait of the field in question with Brazilian social workers as the centre of the image. What do they understand about Palliative Care? What behavioural skills and attitudes are relevant? What technical skills are critical? How do they position themselves in relation to teamwork?

MATERIALS AND METHODS

Project, procedures and participants

Firstly, it is relevant to clarify that the development of the research project aimed to cover social workers with previous experience in Palliative Care. However, the active search for this professional profile had become a problem both due to the absence of a significant number of professionals inserted in the palliative care as well as to the lack of complementary information to the context. These facts are due to the lack of effective support from professional bodies and the National Academy of Palliative Care (possibly due to the unpredictable course of the pandemic in the country, combined with the lack of accurate data in these bodies). Therefore, the scope of the sample was extended with the search for Social Work professionals inserted in the health area as a whole (without a specification this interesting field). However, this methodological alternative proved to be as challenging as the one initial proposal of this study, since the Federal Council of Social Work clarified that there isn`t any data on the number of social workers health working.

The table below shows the general number of Brazilian Social Workers distributed by Brazilian states.

UF	Registry
AC	1448
AL	3940
AM	6194
AP	714
BA	16474
CE	8421
DE	33
DF	2454
ES	4781
GO	4190
MA	5757
MG	16776
MS	3108
MT	3622
PA	8400
PB	4981
PE	7102
PI	3634
PR	8174
RJ	17990
RN	4375
RO	1741
RR	862
RS	9501
SC	5400
SE	2575
SP	36193
TO	2802
Total	**191642**

Table 1 Brazilian professionals with active registrations in the Regional Councils of Social Work

Source: CFESS, 2020

The table 1 confirms that considering the number of active records of social workers in the country, it was necessary to review the sampling method to make the research viable and meaningful. In addition, to enable the identification of the current panorama of the topic, the integrative method of the literature review was used in the following databases: Google Scholar and the periodic portal of the Coordination for the Improvement of Higher Education Personnel (CAPES).

Thus, in the period from July to September 2020, a form was applied through the Microsoft Forms platform and answered by 332 participants. Furthermore, the exploratory survey followed the stages: identification of the research question, elaboration of the instrument, the definition of the team, training of applicators, pre-test of the instrument, data collection, data tabulation and analysis. The investigation was based on the "Snowball" non-probabilistic sampling method [2017], while the sample size has been defined during the investigation process. [7]

In the sequence of the study, at the data analysis stage, the thematic content analysis technique developed by Laurence Bardin was applied, covering the following general thematics stages: subject, purpose, development methodology, evaluation and validation.Due to the lack of information and the limitation imposed by the lack of accurate data on social workers working in the health area, there was a need to expand the research target audience. Thus, the students who attended social service internships in the health area were incorporated. In addition, into the period the fieldwork, the forms were made available in the main spaces on the internet such as LinkedIn and similar.

It's importante to clarify that the form's content was constructed using the Likert scale and, it contained questions distributed into five sections: personal identification questions; questions for professional identification; questions to identify professional competencies; questions to identify the insertion of social service in the field of palliative care and, finally, on the identification of the perception about the integration between the social service and the palliative care.The first part of the form was composed of four questions in order to detect the general profile of the research participants. Thus, it is important to highlight that this is an investigation that addresses issues related to the work process of the social worker without questions that could violate the principles of confidentiality and privacy. Such that, the form was applied in accordance with the Brazilian Ethics legislation on research.

RESULTS AND DISCUSSION

Firstly, it is important to clarify that the first block of questions was called: "personal identification". Thus, through data collection and analysis, was detected most of the females (93.57%). More half over being in the age group between 36 and 45 years (31.57%). The expressive number of the female gender expresses the process of feminization of the profession [13]. Most of the answers came from the self-identification process, it was shown that (52.86%) of the participants consider themselves white and the rest (24.84%) black.

The answer field of the forms knows as "Spacial distribution the prefessional social workers in Brazil" wasn´t registered none professional participant on the states of Acre and Amapá. Most of the professional`s concentration in the state of Rio de Janeiro (42.81%), following by São Paulo (14.67%). These results ratify the studies at the National Academy of Palliative Care and the Latin American Association of Palliative Care about the differences in the offers of care and, in the health`s professional distribution into Brazilian regions and, asymmetries in investments to expand Palliative Care services. [2]

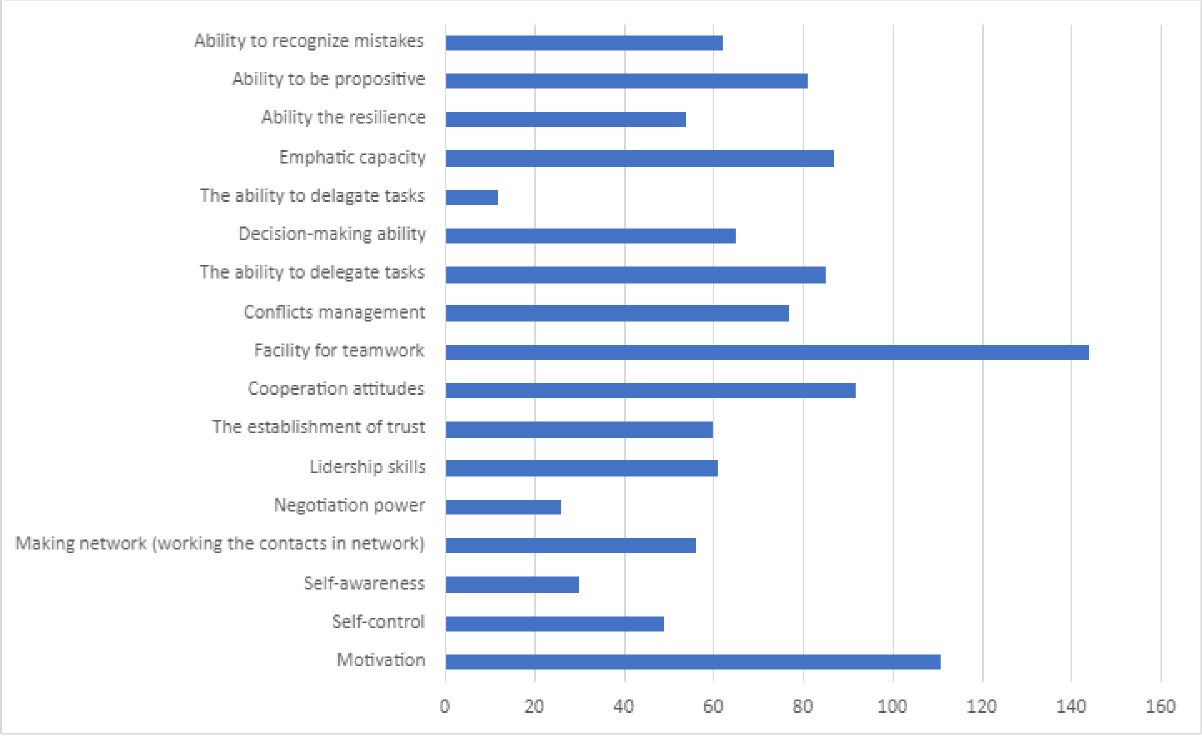
In order to obtain an overview of the knowledge and professional practice of social workers, specific questions were elaborated. Thus, it was found that most professionals have more than ten years of experience (45.03%) and (26.93%), just over twenty five percent whom have experience in the field of Palliative Care.

It was possible to see that, regardless of the field of action, there is a professional generalist profile that brings together a set of skills and attitudes. Below, chart 1 reveals the information about the soft skills and the priorities that social workers give to the desirable professional profile. Thus, three main behavioural skills and attitudes were described, in the scope of the soft skills: facility of working in groups, motivation and a cooperative attitude.

The generic and specialized profile differentiates and complements each other by associating the attributes indicated as the facility teamwork, motivation and, cooperation with the importance of developing behavioural skills and attitudes in the field of Palliative Care, such as empathic capacity, the establishment of trust and self-control. Observe the chart 2 below.

The Graph 3 shows a similar trend when specifying the answers for the Palliative Care field. The group that answered the form defined as important hard skills: the proper use of reception and humanization techniques in health as the main hard skill, followed by the appropriate use of social interviews and the knowledge of Brazilian social legislation. After all, it appears that there is a confluence between soft and hard skills when highlighting the proper use of welcoming and humanization techniques in health. That is, it leads to a path that leads to the identification of essential skills in Palliative care.

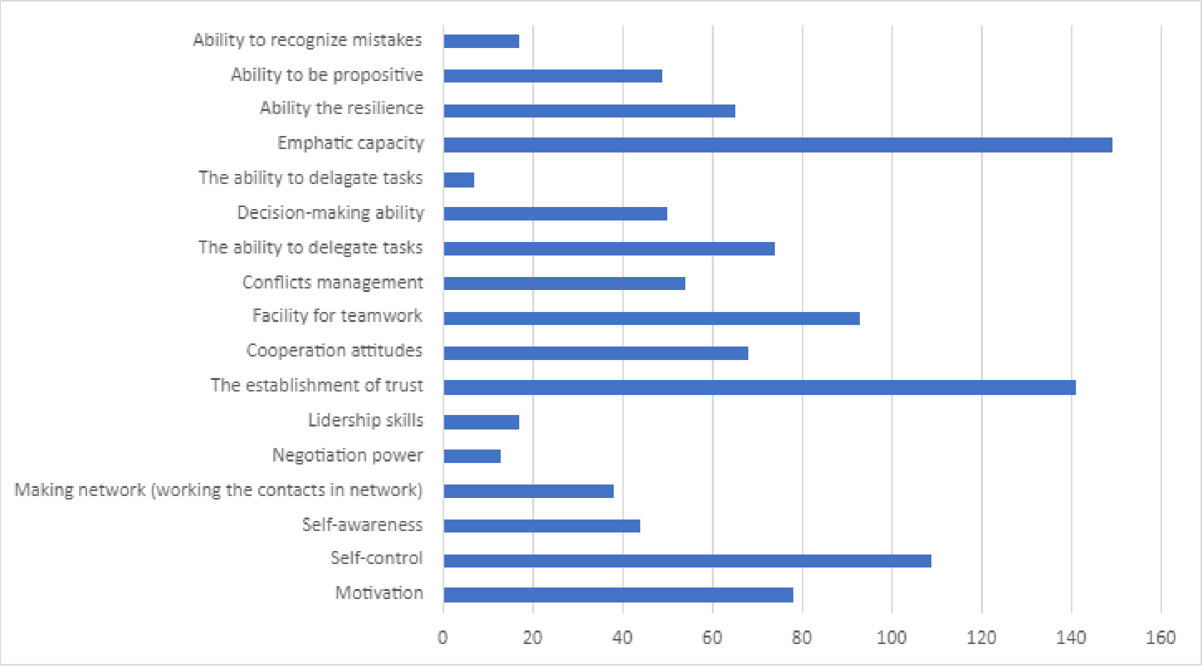
Thus, active listening involves the self-awareness of each professional, the care of listening to other actors (staffs, patients and family members), body perception (feelings and body language), the development of thou-



Graph 1. Soft Skills

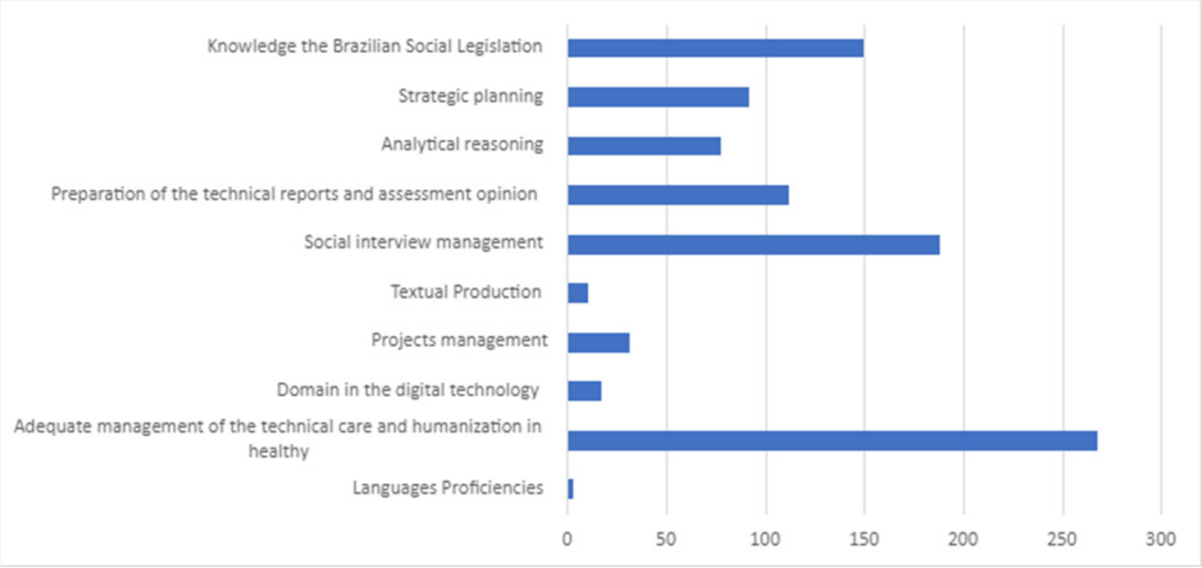
Source: Authors

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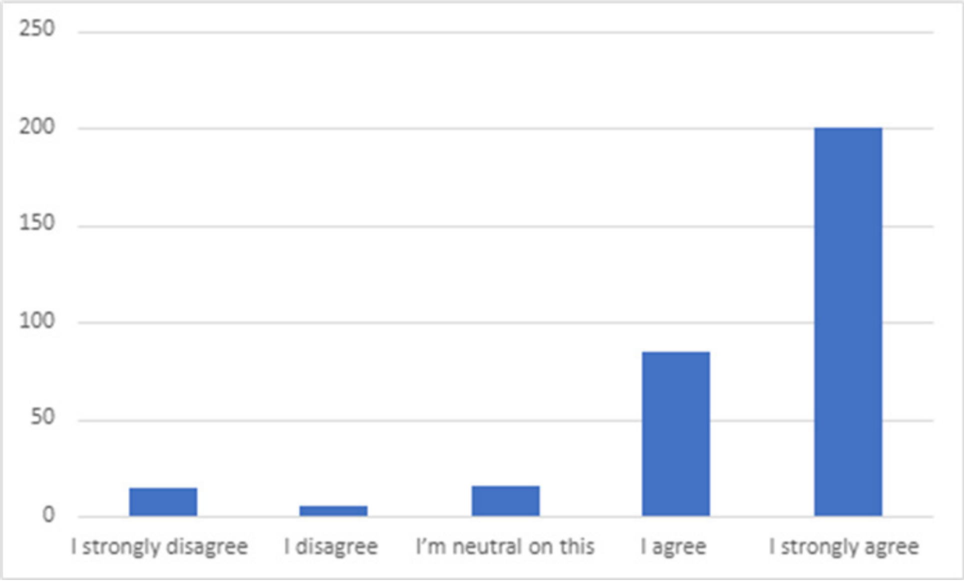
Graph 2. Soft Skills and Palliative Care

Source: Authors



Graph 3. Hard Skills and Palliative Care

Source: Authors



Graph 4. Teamwork

Source: Authors

ghts (facts and stories) and sensitivity (emotions and feelings) [1]. Graph 4 shows above.

200 of the 319 participants who responded to the form, regarding the dynamics of the interdisciplinary team, strongly agree about the need for the establishment and effective knowledge interchange relationship between members at the palliative team. 298 participants identified that unidisciplinary work is not enough to promote an improvement in the patient's quality of life.

Another important theme refers to knowledge about the history, principles and foundations of palliative care. The concept of total pain coined by Cicely Saunders (1964) is central to the work processes of all palliative care professionals. How this definition is applied in the care routine was described by 81.56% of the interviewees when claiming that the palliative social worker must understand the total pain to plan their intervention.

This was confirmed, in the answers of the interviewed (85%): When they said intervening in social pain, the social workers understand the integral dimension of total pain and poverty as a determinant of health. Then, their manage to intervene with greater precision in the patient's condition of vulnerability. [10] [13]

The organization of palliative care theme was addressed by participants when asked about the offer of courses in Brazil. 55.14% of the interviewees disagreed about the sufficient quality and quantity of postgraduate training, extension or updating courses on palliative care aimed at social workers. Regarding the professional training process, (42.67%) the interviewees state that only a degree in social work is not enough for an adequate intervention in Palliative Care. Brazilian social workers identify themselves as members of the basic team in palliative care.

As mentioned, the knowledge`s integration ensures the interdependence between developed activities and the human subjects that materialize them. Wherefore, it is essential to exchange among the members of the palliative team. In addition, It's necessary to establish a relationship with the community for building an effective support network always targeting the collaborative capacity for solving problems at different times (stages of short,

medium and long term) of patient`s care.

The results show that a gap to be filled was found both in relation to the process of professional improvement and the expansion of the national labour market, according to Resolution No. 41, of October 31, 2018, of the Brazilian Ministry of Health, in its third article, which approaches the organization of palliative care. [3]

To be put into practice, into the Unified Health System (SUS), the Brazilian social legislation in the field of Palliative Care needs to improve the human resources policy. The Brazilian municipalities must shape and delimit the desirable professional`s profiles with the legal principles and guidelines in vigours.

Finally, concerning palliative social work in the country, there is a predominance of a lack of knowledge about the fundamentals of palliative care among health professionals. This fact, it's which makes it even more difficult to offer it in this care network expressing the fragmentation within the Brazilian health system itself.Thus, procedures related to the financing of health care can lead to tension between counselling and discharge planning, as well as the absence of evidence-based research demonstrating the results of social service intervention, highlighting the complexity of advanced care planning in relation to diagnosis, treatment and end-of-life care.

The Essential skills

Initially, the authors understand that social work professionals play a vital role in communication, in the field of palliative care, including the end-of-life stage through a set of skills, such as, for example, empathic listening and social and economic assessing the patients in a vulnerability condition.

In addition, professionals have their attention centred on the intervention of the patient, family members and caregivers in the communication process. Besides, have their action as facilitators for accessing and maintaining palliative treatment. So, it is important to understand that between soft skills and difficult skills, the essential skills stand out and, need to be identified. It's requires understanding what are the essential skills for the development of critical, resolute practice, connected to the dynamics of reality and, above all, humanized.

In currently, in Brazilian literature about palliative care, Castro, Targuette and Marques recorded that is essential to insert the perspective humanist in the medical curriculum, through the acquisition of core competencies. In turn, Trovos considers that care, compassion and communication are essential elements in palliative practice. [8] [9] [12]

In the international literature, compassion associated with care is understood as a response to human suffering and, as such, an integral part of the work of health care professions, such as Social Work. However, it is registered that this association, due to its importance in daily practice, needs to be rediscovered, making sense of this interconnection, especially in the field of palliation. Compassion requires action, that is, understanding all the dimensions of the other's pain and acting on them in order to minimize them. [10]

Communication process and compassion attitudes combined with share decision making about the trajectory of the treatment presuppose the proper use of the technique associated with sensitivity. It is using the right words at the right time aiming at a satisfactory result (frequently, the appropriate result is not restricted to solving a problem of one material nature the patients, but of the symbolic order, that is, simply being present, available and supporting those when are suffering there).

CONCLUSION

The field of Palliative Care is increasingly in evidence in Brazil. The scientific investi-

gation carried out in times of pandemic and humanitarian crisis expresses the necessity the processing the new sense of care and valorizing the beneficial effects arising from compassionate attitudes and human rights.

This study was based on the theoretical-practice emersion necessity in the area of Palliative Care to get to know the different competencies and abilities of the Social Worker, as well as their new professional demands associated with the Brazilian social particularity. The professional intervention must transit both in emergency situations and in policy development, as soon as in the development of professional training considering the expanding labour market.

Finally, the social worker is a basic member of the palliative team. This study confirmed that the essential skill bases in the social field in Palliative Care are associated with communication ability and compassion for adequate development of the professional intervention.

AUTHORS' CONTRIBUTIONS

Andrea Frossard and Aline Baptista de Aguiar participated in the conception, design and organization of the scientific work and in the acquisition, analysis, and interpretation of the research results.

DECLARATION OF CONFLITING INTEREST

The authors advised haven`t interests conflicts in this study.

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